

State of Arizona Acupuncture Board of Examiners
1400 West Washington, Suite 230, Phoenix, Arizona 85007
(602) 542-3095 Fax (602) 542-3093

**AURICULAR ACUPUNCTURE
CERTIFICATE APPLICATION
A.R.S. § 32-3922**

Scope of certificate

Practice of auricular acupuncture in the State of Arizona.

Term

One year. May be renewed if requested at least 30 days before expiration.

Auricular acupuncture means the application of acupuncture needles to the pinna, lobe or auditory meatus to treat alcoholism, substance abuse or chemical dependency.

An auricular acupuncture certificate issued allows the certificate holder to practice auricular acupuncture only in a substance abuse or chemical dependency program approved by the board, or the federal government and only under the supervision of an Arizona licensed acupuncturist.

REQUIREMENTS FOR CERTIFICATION

1. An applicant shall meet **ALL** the following requirements:
 - a. Successful completion of NADA or a Board approved training program in acupuncture for the treatment of alcoholism, substance abuse or chemical dependency that meets or exceeds standards of training established by the national acupuncture or a board approved group.
 - b. Successful completion of a Clean Needle Technique Course approved by the Board.
 - c. Submit the required notarized application.
2. Submit a photograph taken within the past year, not less than 2" x 2".
(Sign your name on the light portion of photograph, not across front.)
3. Payment of the application fee and certificate fee in the amount of \$150.00 is due at time of application.

**AURICULAR APPLICATION, CERTIFICATE AND RENEWAL
FEE SCHEDULE FOR 2004**

Application fee:	A.R.S. § 32-3927 (A) (5)	\$75.00
Certificate fee:	A.R.S. § 32-3927 (A) (8)	\$75.00
Renewal fee:	A.R.S. § 32-3927 (A) (9)	\$75.00

APPLICATION FEE AND CERTIFICATE FEE MUST BE INCLUDED WITH APPLICATION

A receipt will be returned to you within 20 days. Please make checks or money orders payable to the **Arizona Acupuncture Board of Examiners. DO NOT SEND CASH.**

All payments must be on a United States bank draft in United States currency.

ADMINISTRATIVE USE ONLY

Date Received _____ Amount \$ _____ Check # _____ Receipt # _____

CLEARLY PRINT OR TYPE ALL INFORMATION

Last Name: _____
First Name: _____
Middle Name: _____
Other name(s) known by: _____

Business Address:

Name: _____
Address: _____
Street: _____
City: _____
State: _____ Zip Code _____

Residential Address (If different than above)

Home telephone numbers and addresses will be kept confidential, unless these are the only numbers of record.

Address: _____
Street: _____
City: _____
State: _____ Zip Code _____

TELEPHONE NUMBERS

HOME

BUSINESS

OTHER

DATE OF BIRTH_____/_____/_____
SOCIAL SECURITY NUMBER_____-_____-_____
YOUR SIGNATURE

Your application is not complete until the Board office has received all verification documents.

Applicants must contact the organizations or individuals to have verification sent directly to the Board. Records and documents must have an original (not photocopied) signature, stamp or seal of the official authorized to maintain the records of the organization or individuals.

Any documents that are not in English must be accompanied by an acceptable, original translation, performed by a qualified translator, which includes all written and printed material on the original. An Affidavit of Accuracy in which the translator who performed or verified the translation affirms that the entire document has been translated, that nothing has been omitted or added, and that the translation is true and correct, must accompany the translation.

Please answer the following questions.

1. ☐ Yes ☐ No **Have you passed a Clean Needle Technique Course?**

Course Name: _____

Date Taken: _____

Place Taken: _____

2. ☐ Yes ☐ No **Have you completed NADA or a training program in acupuncture for the treatment of alcoholism, substance abuse or chemical dependency?**

Course Name: _____

Date Taken: _____

Place Taken: _____

3. **What is the name of the Arizona licensed acupuncturist that you will be working under the supervision of?**

AFFIDAVIT

I hereby certify that under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information, in or in connection with my application may be cause for denial or loss of licensure.

NOTE: Pursuant to A.R.S. § 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety after submitting an initial application or an application for renewal must notify the regulatory board in writing within ten working days after the charge is filed.

Signature of Applicant

Date

Notary Section

DO NOT STAPLE

IN THIS SPACE ATTACH

PHOTOGRAPH

TAKEN WITHIN THE PAST YEAR